

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF FLORIDA

DEFINITIONS OF A CLAIM

General

CLAIM means (1) a bill for services, (2) a line item of service, or (3) all services for one recipient within a bill.

CLEAN CLAIM means one that can be processed without obtaining additional information from the provider of service or from a third party.

INSTITUTIONAL CLAIM means a request for payment on a form or computer magnetic tape approved by the Department, received from an eligible institutional provider for approved services rendered to an eligible recipient for a procedure, a set of procedures or other approved services rendered for a given diagnosis or a set of related diagnoses. Institutional providers are those classified as nursing homes, ICF/MR's, inpatient hospitals, mental health (psychiatric) hospitals, and TB hospitals.

NONINSTITUTIONAL CLAIM means a request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible noninstitutional provider for services rendered to an eligible recipient for a procedure, a set of procedures or other approved services rendered for a given diagnosis or set of related diagnoses. More than one claim may appear on certain ledger-type input forms; in this case, entries on the claim form represent separate claims, rather than line items. Reimbursement of the claim will be based upon the procedures utilized in rendering of the services by the provider. Noninstitutional providers are those who are physicians, dentists, optometrists, and/or opticians; or who provide hearing, home health care, independent laboratory and x-ray, transportation, medical supplies, screening (EPSDT), family planning services, and/or prescribed drugs.

Specific by Service

The definition of a claim for each service in Florida Medicaid is as follows:

INPATIENT HOSPITAL - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible hospital provider for approved services rendered to an eligible recipient for procedure, a set of procedures or other approved

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services rendered for a given diagnosis or a set of related diagnoses. All services for one recipient on a claim form. Each claim form is considered as one claim.

OUTPATIENT HOSPITAL - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible hospital provider for approved services, rendered to an eligible recipient for a procedure, a set of procedures or other approved services rendered for a given diagnosis or a set related diagnoses. A line item of service for one recipient. Each line item on the claim form is considered a claim, except for those hospitals with an all inclusive, per-visitation rate wherein all services provided a recipient during the same visit will be considered one claim.

RURAL HEALTH CLINIC - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible provider for furnishing primary care outpatient health services to an eligible recipient as an all-inclusive visit for a given diagnosis or set of related diagnoses. All services provided a recipient on the same day, at the same location, for the same diagnosis will be considered one claim. More than one request for payment showing different dates of service for the same individual may appear on the claim form and each entry on the claim form represents a separate claim. A line item of service for one recipient. Each line item on the claim form is considered a claim.

Other Ambulatory Services (if the clinic chooses to provide such services) - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible provider for furnishing Family Planning, EPSDT, Drug or Transportation services. Claims submission will be in accordance with requirements for each individual program.

OTHER LABORATORY AND X-RAY - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible independent laboratory or portable x-ray provider, for Department approved services rendered to an eligible recipient for a given diagnosis or set of related diagnoses. A line item of service for one recipient. Each line item on the claim form is considered a claim.

NURSING HOME - A request for payment on a form or computer magnetic tape approved by the Department, received from an eligible nursing home provider for approved services rendered to an eligible recipient for a specific level of care at the approved rate less recipient responsibility. A line item of service for one recipient. Each line item on the claim form is considered a claim.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SCREENING - A screening claim is a request for payment on a form or computer magnetic tape approved by the Department, received from an eligible screening provider for screening services rendered to an eligible recipient for Procedure Code 99300. Requests for payment can be

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made for only one individual per claim form. All services for one recipient on a single claim form. All services listed on the claim form are considered one claim.

FAMILY PLANNING - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible Family Planning provider, for approved services rendered to an eligible recipient. A line item of service(s) for each date of service. Because the reimbursement is all inclusive the description may include a notation of one or more services. A line item of service for a single recipient. Each line item on the claim form is considered a claim.

PHYSICIAN - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible physician provider for approved services rendered to an eligible recipient for a procedure, a set of procedures or other approved services rendered for a given diagnosis or a set or related diagnoses. A line item of service for one recipient. Each item on the claim form is considered a claim.

OTHER PRACTITIONER - NURSE PRACTITIONER - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible nurse practitioner provider for providing primary care health services to an eligible recipient. Each individual service is considered a claim even though several procedures may appear on a single claim form. Reimbursement of the claim will be based upon the procedures utilized in rendering the service. A line item of service for one recipient. Each item on the claim form is considered a claim.

HOME HEALTH - A request for payment on a form or computer magnetic tape approved by the Department, received from an eligible home health provider for approved services rendered to an eligible recipient rendered for a given diagnosis or set diagnoses. A line item of service for each date of service. A line item of service for a single recipient. Each line item on the claim form is considered a separate claim.

PRESCRIBED DRUGS - (Pharmaceutical Claim) - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible prescribed drug services provider for dispensing a prescription to an eligible recipient. Each individual prescription is considered a claim even though several prescriptions may be included on a single claim form.

TUBERCULOSIS HOSPITAL AND INSTITUTIONS FOR MENTAL DISEASES - A request for payment on a form or computer magnetic tape approved by the Department, received from an eligible State Mental Health or State Tuberculosis Hospital provider, for approved services rendered to an eligible recipient for a specific level of care at the approved rate less recipient responsibility. A line item of service for one recipient. Each line item on the claim form is considered a claim.

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TRANSPORTATION - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible provider for transportation services provided to an eligible recipient receiving a Medicaid-compensable service. Each individual trip is considered a claim, and when public transportation claim forms are used, several trips are included on a single claim form. All service for one recipient on a claim form. Each claim form is considered as one claim. Taxi - a line item of service. Each line on the claim form is considered a separate claim even though more than one recipient and/or different trips for the same recipient may be included on a single claim form.

INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED (ICF/MR) - A request for payment on a form or computer magnetic tape approved by the Department, received from an eligible ICF/MR provider for approved services rendered to an eligible recipient for a specific level of care at the approved rate less recipient responsibility. A line item of service for one recipient. Each line item on the claim form is considered a claim.

DENTAL SERVICES - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible dental provider for approved dental services rendered to an eligible recipient for a procedure. More than one claim may appear on certain ledger-type input forms; in this case entries on the claim form represent separate claim, rather than line items. Reimbursement of the claim will be based on the procedure code utilization rendering of the service by the provider. A line item of service for one recipient. Each line item on the claim form is considered a separate claim.

VISUAL SERVICES - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible visual provider for approved visual services rendered to an eligible recipient for a procedure. More than one claim may appear on certain ledger-type input forms; in this case, entries on the claim form represent separate claims, rather than line items. Reimbursement of the claims will be based upon the procedures utilized in rendering of the services by the provider. A line item of service for one recipient. Each line item on the claim form is considered a separate claim.

HEARING SERVICES - A request for payment, on a form or computer magnetic tape approved by the Department, received from an eligible audiological provider for approved audiological services rendered to an eligible recipient for a procedure. More than one claim may appear on certain ledger-type input forms; in this case, entries on the claim form represent separate claims rather than line items. Reimbursement of the claim will be based upon the procedures utilized in rendering of the services by the provider. A line item of service for one recipient. Each line item on the claim form is considered a separate claim.

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CROSSOVER (PART B) - A line item of Medicare-covered service for one recipient. Each line item on the Medicare request for payment claim form is considered a separate claim.

CROSSOVER (PART A) - All Medicare covered services for one recipient on a claim form. All services on the Medicare request for payment claim form are considered one claim.

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